BOROUGH OF GLOSSOP.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

(E. H. Marcus Milligan, M.D., D.P.H.),

FOR THE YEAR 1928.

GLOSSOP PRINTERS LIMITED
TELEPHONE, 67.

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Miss Robinson should
" Robertson.

Glossop Education Authority.

ANNUAL REPORT
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School Medical Officer
For the Year 1928.

(1) STAFF:

E. H. Marcus Milligan, M.D., D.P.H., School Medical Officer.

Peter Malloch, L.R.C.P. & S., School Oculist

Mary Gallagher, M.B., Surgeon for Nose and Throat Diseases

Miss Muriel Robinson, L.D.S., School Dentist.

Miss B. Coventry, C.M.B., R. San. Inst. Cert., School Nurse.

Mrs. Austin, Fully Trained, C.M.B. Cert., School Nurse.

(2) CO-ORDINATION.

(*a*) Co-ordination with Infant Welfare and Child Welfare Work:

The School Medical Officer is also Medical Officer of Health and Medical Officer of the Infant Clinic; the School Nurses are also Health Visitors for Maternity and Child Welfare work.

Child Welfare Record Cards are passed on to the School Medical Department.

The School Medical Department, Maternity and Child Welfare Department and the Public Health Department occupy one suite of rooms.

The Maternity and Child Welfare Committee have now arranged that children under school age should in suitable cases have the advantage of attending the School Clinics.

(*b*) Nursery Schools:—

There are no Nursery Schools in Glossop.

(*c*) The care of Debilitated Children under School Age:—

Debilitated children are seen at the Welfare Centres and advice is given to mothers regarding their general care; in certain instances mothers are advised to obtain treatment by their own Doctor for their children or to bring them to the Tuberculosis Dispensary.

The Tuberculosis Officer can now send suitable cases to Bretby Hall, an institution belonging to the Derbyshire C.C., conducted on Sanatorium lines.

Our Health Visitors visit children under school age in their homes, and we have also two Welfare Centres which are well attended.

Children under 5 years are called up now for Medical Inspection at the Centres.

Where the children are tubercular or are in contact with tubercular persons the Tuberculosis Care Committee gives free milk.

† Two U.V. Lamps have been presented to the Corporation by the Hospital Committee and are now used for debilitated children as well as for other persons.

(3) SCHOOL HYGIENE.

Some years ago the S.M.O. had a conference with the Teachers at which the teaching of Hygiene was discussed and suggestions made as to the general lines on which it should be taught, these lines were:—The inculcation of healthy habits during the school routine such as by attention to personal cleanliness, clean teeth, deep breathing, the ventilation of the class room, and such like; suggestions were made also regarding talks on health to older children.

In addition to this the S.M.O. now gives each year a series of talks on Mothercraft to girls over 13 years; demonstrations are given of bathing a baby, preparing feeds, dressing baby, care of food in the home, suitable clothing and the proper kinds of food for different ages, etc.; the help of the girls is obtained during the demonstrations, and following the talk some of the girls are asked to carry out what they have been shewn previously.

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† See Page 13.

Teachers come with the girls and by so doing they are enabled to follow up with talks in School and also to learn what the Medical Officer of Health (who is the School Medical Officer) thinks are correct methods, this prevents variation in teaching and confusion.

After one of the talks the girls were asked to write an essay on what they learned. † One of these is appended.

In October talks were given during National Health Week in the Schools by the M.O.H. and local doctors in co-operation with the Derbyshire Health Week campaign, and a lot of very instructive literature was distributed.

Some of the boys and girls entered for the Royal Sanitary Institute Essay Competition and 4 prizes of 10/- each were gained as well as Certificates.

In November a Health Exhibition was held in the Town Hall and all the boys and girls over 12 years of age from the Elementary Schools were invited to attend as well as all the girls at the Secondary School and boys and girls from Kingsmoor Public School. Talks on Health were given by Dr. Holroyd, of the National Association for the Prevention of Tuberculosis, Films were shewn, including "Tommy Tucker's Tooth," "Sunshine and Fresh Air"; and demonstrations of infant feeding and clothing were given by the Health Visitors to the girls. All, of course, saw the Exhibits; among these were:—Dental section from the Dental Board; Infant Clothing Exhibits from the Maternity and Child Welfare Department and Mr. Goddard, Glossop; Infant Feeding Exhibits from the Maternity and Child Welfare Department; Optical Sections,—Messrs. Fletcher and Hinde and Mr. Martin; Sterilised Milk,—Modern Dairies; Cold Storage,—Messrs. Frigidaire.

† See Page 40.

There were other exhibits from local traders of fruit, vegetables, various foods and chemists' sundries.

The proceedings were enlivened by musical interludes given from Gramophone records.

About 900 school children attended, and I feel sure a lot was learned. The film, "Tommy Tucker's Tooth," was, I think, the most popuar item, and I think every child who saw it not only enjoyed seeing it but learned how important it was to take care of the teeth and how to take such care.

The Health and School Medical Departments have endeavoured therefore to try and give some personal teaching of Hygiene to the school children, but I am of opinion much more needs to be done; we want to have more done in the schools to train the children in the habits of health.

Sir George Newman, in his Annual Report for 1927 on "The Health of the School Child," has made this abundantly clear, especially in the following paragraphs:—

"First, I think there should be no elementary school in England and Wales chargeable to the rates and taxes, and where children are compelled by Act of Parliament to attend, in which the practical and sensible teaching of health is in any way neglected or allowed to fall into abeyance or be side-tracked."

"Secondly, Hygiene should be systematically taught at least once a week, and practised every day, throughout the nine years of the child's school life."

"Thirdly. the instruction in Hygiene should be given as a rule by the school teacher."

"In order to meet this demand the Board published in 1928 a special new Handbook of Suggestions on Health Education. It is divded into two parts, suggestions for the training of little children under eleven years of age in sound habits of health, and suggestions for the systematic study by elder children of the rudiments of the science of the subject."

"However, and whenever taken, the health lesson should not be haphazard or diffuse, but clear and particular. It should be simple, direct, personal and individual, designed to the formation of healthy habit. For instance, the teacher should require the children to have clean faces and hands, clean hair, clean teeth; and cleanliness should be repeatedly drilled into the children until it has become a habit.

The teacher can accustom the children to fresh air in the schoolroom—its necessity for the lungs and the blood, the ways to obtain it, the advantages of the open-air life, the value of exercise in the open-air, the health-giving virtue of sunlight. The teacher can provide every day a suitable class breathing exercise; much of the prevalent mouth-breathing, so predisposing to disease, is merely due to bad habit and ignorance. Or again, the children can find by practice the relation of activity and rest, of exercise and sleep, the peacefulness of quiet conduct and silence."

The prefect system suggested elsewhere by Sir George Newman is one that might well be adopted, and in addition to personal cleanliness such things as the provision of clean towels, toilet paper, dry coats, boots and stockings on wet days and the ventilation of the class rooms could very well form part of their duties.

Now there is another aspect of the whole matter; girls are given instruction in cookery, it should be possible for those giving such instruction to be given instruction in food values and the new knowledge concerning the importance of vitamins and the application of that knowledge in such a way as would enable money to be spent to the best advantage in purchasing food for the household

Professor Mottram gave some talks on the question on the Wireless, and I commend his teaching to those in authority in our schools.

This leads to still another aspect of the question:—

School Gardening for Boys: — One school, Whitfield Senior, under Major Morris, O.B.E., has established a very fine school garden which is run by the boys and girls; not only are the boys and girls taught to grow flowers but they are taught to grow kitchen vegetables and the importance of growing them.

Here is an example well worth following, and I suggest that the Education Committee take steps to establish similar gardens at the other schools. The growing of vegetables for home use cannot be over estimated from a health point of view, vegetables form too small a part of the dietary in working class households and the extension of their use would do a great deal to improve health.

Boys and girls who have learned to grow vegetables, and the importance of doing so at school, can follow on after leaving by obtaining a plot, and to assist them there is an active Allotment Society whose activities should be strongly supported by the public

(4) MEDICAL INSPECTION.

Routine Inspections:—

The age groups inspected are Entrants, Intermediates and Leavers (children over 12 years); children of other ages are occasionally examined for often children miss the Inspector at the proper age owing to illness or for other reasons.

There were 913 routine inspections in 1928.

Special Examinations:—

Children referred by parents, teachers, or the nurses or children sent to the Minor Ailment Clinic for treatment are specially examined. There were 526 of these Examinations in 1928.

Re-Examinations:—Children found previously defective are re-examined in school or at the Clinic; there were 2,055 of these Examinations in 1928.

(5) THE FINDINGS OF MEDICAL INSPECTION.

I give herewith a table which shews the percentage of various defects found at routine examinations.

PERCENTAGE DEFECTS FOUND AT MEDICAL INSPECTION, 1928, AND CERTAIN OTHER YEARS.

Year	1926	1927	1928
No of Children examined,	919	840	913
Malnutrition—Bad (Requiring treatment)	1.5	1.4	2.3
,, Observation	2.0	4.0	3.5
Uncleanliness (per Nurses' Inspections)	1.7	2.1	2.6
Skin—Ringworm—Scalp	0	0	0.1
Body	0	0	0.1
Scabies	0	0	0.0
Impetigo	0	0.2	0.0
Other Skin Diseases	0.1	0.71	0.7
Eyes—Blepharitis	0.2	0.5	0
Conjunctivitis	0	0	0
Keratitis	0	0	0
Corneal Opacities	0.3	0.2	0.1
Defective Vision (excluding Squint)			
(Requiring Treatment)	5.7	4.7	7.8
Squint	0.8	1.1	0.6
Other conditions	0.1	0.1	0
Ears—Defective Hearing	0.43	0.8	0.4
Otitis Media	0.43	0.9	0
Other Ear Disease	0	0	0
Nose and Throat—Enlarged Tonsils only			
(Requiring Treatment)	3.1	2.5	4.5
(,, Observation)	2.8	3.5	6.5
—Adenoids only			
(Requiring Treatment)	1.7	1.6	3.7
(,, Observation)	1.6	2.6	3.6
—Enlarged Tonsils & Adenoids			
(Requiring Treatment)	1.4	2.5	1.4
(,, Observation)	1.0	2.0	0.8
Enlarged Glands (Non-Tubercular)			
(Requiring Treatment)	4.2	3.9	4.4
(,, Observation)	17.9	8.3	8.6
Defective Speech.			
(Requiring Treatment)	0.3	0.1	0.2

	1926	1927	1928
Organic Heart Disease.			
(Treatment and Observation) ...	1.3	1.5	2.7
Functional Heart Disease.			
(Treatment and Observation) ...	9.7	10.5	9.3
Anæmia—(Requiring Treatment) ...	1.5	0.7	1.8
(,, Observation)... ...	1.9	1.6	2.4
Bronchitis—(Requiring Treatment) ...	0.8	0.4	0.6
(,, Observation) ...	0.43	0.7	0.9
Other Non-Tubercular Disease of Lung ...	0	0	—
Tuberculosis—Lungs (Definite)	0.3	0.1	0.2
,, (Suspected) ..	0.43	0.8	0.3
Glands (Req. Treatment)	0.3	0.1	0.4
(,, Observation)	0.3	0.3	0.1
All other forms	0	0.1	0
Nervous Conditions—Epilepsy	0	0.1	0.2
Chorea (Req. Treatment) ...	0	0.4	0
(,, Observation) ...	0	0.2	0
Other (,, ,,) ...	0.1	0	0.3
Mental Defects (,, ,,) ...	0.1	0.3	0.4
Deformities-Spine (,, ,,) ...	0.1	0	0
Rickets (Req. Treatment) ...	0.3	0.2	0.2
(,, ,,) ...	0.8	0.7	0.4
Other forms (Req. Treatment) ...	0.8	0.4	0.1
Other Defects and Diseases.			
(Req. Treatment) ...	2.7	4.2	3.8
(,, Observation) ...	15.7	14.8	15.2
Of which Goitre (Req. Treatment) ...	1.19	0.7	0.5
,, (,, Observation) ...	2.8	1.0	0.9
Rheumatism (,, Treatment) ...	0.9	3.5	3.1
(,, Observation) ...	12.9	13.8	14.2

To compare the findings of Medical Inspection in Glossop with that of other areas I give the table of defects per thousand found in the schools of England and Wales. 1927 (taken from Sir George Newman's report for 1927) and put the Glossop figures alongside them for 1928.

	Incidence of defect per 1000 children (Routine inspected. England and Wales, 1927.	Glossop. 1928.
Malnutrition	9	23
Skin Disease	13.3	9
Defective Vision (Entrants excluded)	90.3	123
Squint	9.1	6
Other Eye Disease ..	8.9	1
Defective Hearing ...	4.6	4
Otitis Media	5.9	0
Enlarged Tonsils and Adenoids	60.9	96
Other Ear, Nose & Throat Defects	6.4	4
Heart Disease — Organic	1.8	27
Lung Disease —		
Tuberculosis: definite ...	0.4	2
Pulmonary: suspected	1.1	3
Non-Pulmonary ...	1.1	4
Disease of the Nervous system	1.9	5
Deformities	8.1	3

In the code groups 25.9 children were found in 1928 to require treatment as compared with 24.8 in 1927 and 30.1 in 1926 and 26.9 in 1925, 28.8 in 1924, 25.7 in 1923. The table appended gives the percentage of defects in 1926 and 1927 and 1928.

From this Table it will be seen that certain defects are more prevalent in Glossop than in England and Wales. These defects are:—Heart Disease, Tuberculosis and Ear, Nose and Throat Diseases.

(6) THE CONTROL OF INFECTIOUS DISEASES IN THE SCHOOLS.

No schools were closed on account of outbreaks of Infectious Disease in 1928.

All Diphtheria contacts and convalescents are seen by the S.M.O., who is also M.O.H., before returning to school and swabs are taken: the general procedure being in the case of convalescents there must be 3 consecutive negatives and in the case of contacts one and no sign of an inflamatory condition of the nose and throat.

Scarlet Fever convalescents and contacts are also examined before return to school by the S.M.O., but in this case a private doctor's certificate of freedom from infection is accepted.

(7) FOLLOWING UP.

Children with defects are followed up by (1) Visits by the Nurses. (2) Calling up previously defective children to the Clinics or for examination. (3) By re-examination of previously defective children in school.

SCHOOL NURSING AND THE CARE OF THE PRE-SCHOOL CHILD.

7171 examinations were made in schools of children regarding cleanliness and 186 children were found unclean; average visits per school, 3.

Visits are paid to the houses of children for following up purposes, and also for the supervision of children operated on for Enlarged Tonsils and Adenoids.

(8) MEDICAL TREATMENT.

Defects.	Mode of Treatment Available.	No. Treated.	Treatments.
(*a*) Minor Ailments.	Minor Ailments Clinic.	163	2958
(*b*) Diseased Tonsils and Adenoids.	Private Doctors	10	—
	Tonsil and Adenoid Clinics at Wood's Hospital	45	—
(*c*) Tuberculosis.	Private Doctors	—	—
	Tuberculosis Dispensary.	—	—
(*d*) Skin Diseases.	Minor Ailments Clinic.	53	—
(*e*) External Eye Disease.	Minor Ailments Clinic.	15	—
(*f*) Vision.	Ophthalmic Clinic	75	—
(*g*) Ear Disease and Hearing.	Minor Ailments Clinic.	25	—
	No definite arrangements for operations.		
	Hospital.	2	—
(*h*) Dental Defects.	Dental Clinic.	835	—
(*i*) Cripples	No " Remedial " Clinic.	—	—
(*j*) Goitre	Clinic.	—	—
(*k*) U.V. Ray Clinic.		28	—

The above table gives the number of children treated at the Clinics during 1928

DENTAL CLINIC.

A full time Dentist is now employed jointly by Hyde and Glossop Education Committees in the proportion of 7/11 of the time for Hyde and 4/11 for Glossop; Miss Muriel Robertson, who has been appointed, took up her duties in July; a Dental Attendant has also been appointed to assist.

DENTIST'S REPORT, MARCH, 1929.

During 1928, Dental Inspections have been carried out in all the Elementary Schools in the Borough.

Routine Inspection has been confined to children of 5, 6, 7, 8 and 9 years of age.

From 5 to 8 years of age is the period where treatment in many cases is required—the mouth being in an unhealthy state, due to the presence of septic temporary teeth. At this age, also the first of the permanent teeth erupt—the four six-year-old Molars. This tooth is susceptible to Caries, and in working on this age group it comes under yearly observation. Unfortunately, owing to its early appearance, a number of parents mistake it for a temporary tooth and refuse treatment until the child is older, when in most cases the tooth has to be removed. This causes irreparable damage to the child's mouth.

By attention to Diet and to Tooth Brush Drill, parents can do much to give their children a sound set of teeth.

MURIEL ROBERTSON, L.D.S.

An effort is being made to prevent dental caries among children by advising a diet which would tend to preserve the teeth. For this purpose the mothers of children of school and pre-school age are personally told by the M.O.H. and S.M.O. (at School Medical Inspection and at the Infant Clinics) the proper foods to give their children and a leaflet is given concerning this as well as other advice.

What is advised is briefly,—not to give starchy or sugary foods but give fruit and vegetables, nuts, etc., instead, and in particular to try and get their children to take a piece of raw carrot, turnip or apple after their last meal of the day.

Cod Liver Oil and other fatty foods are also advised. For infants the Syrup Calcum Lactophosphate is frequently advised.

The results of this teaching will not be seen just at once, but it is hoped that good will result.

ULTRA VIOLET RAY CLINIC.

In July, 1928, 2 Ultra Violet Ray Lamps were obtained and fitted up in the Clinic, one was a K.B.B. Arc Mercury Vapour Lamp Atmospheric type of the suspended pattern but made adjustible for exposure standing up; the other lamp was a Hanovia Jesionek lamp vertical type.

School children, children under school age and adults are treated; a specially trained Nurse, Miss Caldwell, has been obtained to act as Administrator, and the general medical supervision is carried out by the M.O.H. and S.M.O., who studied methods of treatment in various other centres before the outfit was installed; he is particularly indebted to the late Dr. Logan Stewart, of the Ashton Dispensary (Lancashire C.C.), for advice and help, and Dr. Gibson, M.O.H., of Hyde.

Exposures were first started at 5 feet as the lamps were new, but this was gradually reduced to 3 feet.

Care was taken to see that the room was well ventilated and that the goggles were kept on during treatment.

A nominal charge is made of 1d. to 6d. for children.

I do not wish to say much about results yet, but I give below a table which will give details of school children treated from July, when the Clinic started, to the end of 1928.

ULTRA VIOLET RAY CLINIC: DETAILS OF CASES.

Age.	Sex.	Disease.	Length of Treatment and No. of Exposures.	Maximum Exposure.	Weight.	Result.
$9\frac{10}{12}$	F.	Infantilism, Talipes.	†K.B.B. 17. 2 months.	15 minutes.	31 lbs. to 31 lbs. 8 oz.	Walks better. Eats better; stronger.
$7\frac{2}{12}$	F.	Malnutrition, Peevishness.	K.B.B. 8. $2\frac{1}{4}$,, Attendance irregular.	8 ,,	3st. $6\frac{1}{4}$lbs.—3st. $8\frac{3}{4}$lbs.	Less peevish. Gen. improvement.
9	M.	Suspect Phthisis.	*H.J. 16. 3 months. Attendance irregular.	6 minutes.	3st. $5\frac{1}{4}$lbs.—3st. $7\frac{1}{2}$lbs.	Eats and sleeps better.
6	F.	Suspect Phthisis.	H.J. 16. 3 ,,	6 ,,	2st. 7lbs.—2st. 9lbs.	Eats and sleeps better.
12	M.	Enlarged Cervical Glands.	H.J. 23. $3\frac{3}{4}$,, Attendance irregular.	13 ,,	5st. 8lbs.—5st. $9\frac{1}{4}$lbs.	Glands smaller. Eats better.
$5\frac{3}{12}$	M.	Enlarged Cervical & Abdominal Glands.	H.J. 19. $2\frac{1}{2}$ months.	11 minutes.	2st. $4\frac{1}{2}$lbs.—2st. $5\frac{1}{2}$lbs.	Glands not felt now. Eats better.
$6\frac{9}{12}$	F.	Suspect Phthisis and Malnutrition.	H.J. 20. 3 ,,	12 ,,	2st. $9\frac{1}{2}$lbs.—2st. $11\frac{1}{2}$lb.	Greatly improved.
$8\frac{3}{12}$	M.	Malnutrition.	H.J. 19. 3 ,,	12 ,,	3st. 13lbs.—4st.	Eats better. General improvement Colour better.
$8\frac{3}{12}$	M.	T.B. Ulcer of Eye.	H.J, 9. $2\frac{1}{2}$,, Attendance irregular.	6 ,,	3st. $6\frac{1}{2}$lbs.—3st. 9lbs.	Ulcer healed.
7	M.	Enlarged Cervical Glands.	H.J. 17. 2 months.	14 minutes.	2st. 3lbs.—2st. 4lbs.	Glands smaller. Eats better

† Kelvin Bottomley and Baird Lamp. * Hanovia Jesionek Lamp.

ULTRA VIOLET RAY CLINIC—Continued.

Age.	Sex.	Disease.	Length of Treatment and No. of Exposures.	Maximum Exposure.	Weight.	Result.
$8\frac{7}{12}$	M.	Malnutrition and Anæmia.	H.J. 23. 4 months. Attendance irregular.	10 minutes.	3st. 5lbs.—3st. 9lbs.	Greatly improved.
8	F.	Malnutrition and Papular Eczema.	H.J. 17. 2 months.	15 minutes.	3st. 4½lbs.—stationary.	Eczema cured
$9\frac{2}{12}$	F.	Malnutrition and Anæmia.	H.J. 24. 4¾ ,, Attendance irregular.	14 ,,	3st. 4lbs.—3st. 5¼lbs.	Appetite improved. Looks better.
$7\frac{5}{12}$	M.	Alopecia.	H.J. 20. 3 months. Attendance irregular.	7 ,,		Hair grew quickly in two bald places.
$6\frac{9}{12}$	M.	Bronchial Asthma.	K.B.B.15. 1½ months.	15 minutes.	2st. 6½lbs.—2st. 6½lbs.	Attacks diminished greatly.
$10\frac{4}{12}$	F.	Insomnia, T.B. Cervical glands.	H.J. 10. 4 ,,	5 ,,	2st 11½lbs.—3st. 1lb.	Insomnia cured. Glands smaller.
$9\frac{7}{12}$	F.	Enlarged Cervical glands.	H.J. 17. 2 ,,	15 ,,	4st. 7lbs.—4st. 8lbs.	Glands smaller.
$6\frac{9}{12}$	F.	Nasal Catarrh.	H.J. 20. 2¼ ,,	15 ,,	2st. 10¼lbs.—2st. 12½lbs.	Catarrh improved.
$10\frac{6}{12}$	F.	Anæmia and Nervousness.	H.J. 23. 4 ,,	12 ,,	3st. 9½lbs.—4st.	Improved.
$12\frac{2}{12}$	M.	Rheumatic pains.	H.J. 6. 3 ,,	6 ,,		Pains cured

ULTRA VIOLET RAY CLINIC—Continued.

Age.	Sex.	Disease.	Length of Treatment and No. of Exposures.	Maximum Exposure.	Weight.	Result.
$7\frac{8}{12}$	F.	Suspect Phthisis.	H.J. 15. 3 months. Attendance irregular.	5½ minutes.	3st.7½lbs.—3st.13½lbs.	Improved.
$9\frac{11}{12}$	F.	Suspect T.B. Glands of Neck.	H.J. 22. 4 ,,	11 ,,	3st. ½lbs—3st. 4½lbs.	Glands smaller.
$10\frac{3}{12}$	F.	Bed wetting.	H.J. 8. 1 ,,	8 ,,	3st. 11½lbs.—3st. 12lbs.	Cured.
$10\frac{6}{12}$	F.	Rheumatic pains.	H.J. 13. 1½ ,,	12 ,,		Pains cured.
$10\frac{11}{12}$	M.	T.B. Glands of Neck.	H.J. 22. 5 ,, Attendance irregular.	14 ,,	4st. 6lbs.—4st. 11lbs.	Glands smaller.
9	M.	Night Terrors.	H.J. 9. 1¼ ,,	5 ,,		Terrors less.
13	M.	Anæmia.	H.J. 26. 5 ,, Attendance irregular.	12 ,,	5st. 6lbs.—5st. 11lbs.	Improved greatly.
8	M.	Malnutrition.	H.J. 16. 3 ,,	12 ,,	5st. 6½lbs.—5st. 10½lbs. was 6st. 3lbs. 3 months later.	Improved, eats and sleeps better. Still as above.
$5\frac{7}{12}$	F.	Insomnia and Nervousness	H.J. 9. 2 ,, Attendance irregular.	6 ,,	Weight unaltered	Improved while having treatment.
$9\frac{11}{12}$	F.	Suspect Phthisis, Malnutrition.	H.J. 28. 5 ,, Attendance irregular.	13 ,,	3st. 7lbs.—3st. 11lbs.	Greatly improved.
13	M.	Anæmia.	H.J. 3 ,,	12 ,,	5st. 6½lbs.—5st. 11lbs.	

(9) OPEN AIR EDUCATION.

There is no open air school in Glossop; it would in my opinion be a good thing to have a school of this sort despite our climate. There are excellent schools of this nature at Sheffield and Barnsley which I have seen. The weather conditions there are somewhat similar to Glossop, and I see no reason why we should not have an open air school here as far as climatic conditions are concerned.

(10). PHYSICAL TRAINING.

I submit herewith the report of the chief instructor, Mr. Arthur Hobson:—

REPORT OF THE ORGANISER OF PHYSICAL TRAINING FOR THE YEAR 1928.

It is pleasing to report the continuance of the progress mentioned in last year's report. Despite poor playground surfaces, the unsuitable footwear (clogs) of many of the children and the scarcity of accommodation for indoor physical training, the teachers and scholars have done much better work in a brighter, happier way

Physical Exercise Lessons.

Increased care has been exercised in the preparation of the lessons and this has enabled the teachers to introduce more varied activities into the twenty minutes period, but the most satisfactory phase of the work has been in the improved spirit in which the work has been undertaken. The enthusiasm of the teachers has been aroused and the children are catching the infection. So long as this condition prevails good work will be done and much leeway made up .

Precision of movement, posture, suppleness and response still require constant attention and these should receive special care in all lessons.

Further use has been made of the Team System during the General Activity section of the lessons and some of the older boys are becoming quite creditable captains capable of giving commands and of organising small playground activities.

PLAYGROUND GAMES.

Small games suitable to the footwear of the children and to the surface of the playgrounds have been taught during the visits of the Organisers. These games provide essential preparation for the more highly organised field games and ensure abundant activity for the children when the fields are unfit for play.

The marking out of the pitches in the playgrounds is a special difficulty in the Glossop Schools as so few of the playgrounds can boast an asphalt surface. Permanent markings are impossible and much time is absorbed in making the essential markings.

ORGANISED GAMES.

All the schools have access to a playing field or playing space (cinder surfaced recreation ground), but few of the schools possess the equipment necessary for cricket, hockey, net-ball, stool-ball or rounders. Usually, the playground games and relay races comprise the activities on the field, and it should be realised that these games do give most valuable training in alertness, ball control, tactics and strategy.

Every school is now ready for such games as stool-ball, rounders, net-ball, team-tower ball and rugby touch, and it is probable that suitable apparatus will be provided in the near future.

SWIMMING.

The public bath in the Howard Park has again been available to the senior children of the town. The fortnightly visits have had their value, but from the standpoint of swimming instruction the time has not been used to the best advantage as in many cases the children have received absolutely no instruction at the bath.

It is recommended that a qualified man and woman should be appointed to give class instruction in swimming to the children, and that at the end of the season all children who have attended the bath be tested as to their ability to swim. Such tests would give some indication of the value obtained for the money and time expended.

In closing this report the Organiser wishes to thank the teachers for their willing help in making possible this record of satisfactory progress.

ARTHUR HOBSON,
Organiser of Physical Training.

March, 1929.

(11) PROVISION OF MEALS.

Children now receive Milk in school either by paying (1d. a day) or free if they are recommended to have it by the School Medical Officer and their parents cannot pay.

The number of free milk meals given in 1928 was 13,887, at a cost of £89 4s. 5d.

The amount generally given is about 1/3 pint and *the average number having milk daily is about 700 or 30% of all school children.* All tubercular children are given a pint.

As mentioned above most of them pay 1d. daily, there being in each school what one might call a Milk Club for the purpose.

(12) SCHOOL BATHS.

† The various schools in rotation use the Baths.

The water for the Baths is filtered and chlorinated; care is taken by the teachers to see that the children are clean.

Children with running ears and infectious sores and such like condition are excluded from going to the Baths.

(13) CO-OPERATION OF PARENTS.

The method of co-operation was given in detail in the 1916 report. pages 16, 17 and 18.

(14) CO-OPERATION OF TEACHERS.

The teachers report to us special children who require examination, send out the notices for medical inspection and confer with the S.M.O. regarding children requiring special attention.

† See Page 18.

In most schools now some form of instruction in Mothercraft is given to the elder girls and the teachers attend the lectures given by the M.O.H. on this subject in order that what they teach will be in keeping with the advice given at the Welfare Centre

(15) CO-OPERATION OF ATTENDANCE OFFICER.

The Attendance Officer lets us have the names of children absent from school who may require examination to see when they are fit to return; and in times of outbreak of disease he gives valuable help in tracing missed cases and dealing with contacts.

(16) Co-operation is carried out with the N.S.P.C.C. and also with the Tuberculosis Care Committee. The latter Committee gives free milk to tubercular school children during holiday time.

(17) BLIND, DEAF AND EPILEPTIC CHILDREN.

There is one boy at an Institution for the blind and there are two deaf children and one epileptic child who should have institutional care; all three are mentally defective.

(18) NURSERY SCHOOLS.

There are none in the Borough.

(21) EMPLOYED CHILDREN.

There were 15 children examined during the year. 13 were for distributing papers, one for a milk round, and one for delivering meat.

Care was taken to see each child had suitable clothing.

SPECIAL INQUIRIES.

(22) I. GOITRE.

Results of Measures taken to Prevent Goitre.

The percentages of children found with Thyroid Enlargement in 1928, as compared with 1924, 1925, 1926 and 1927, are given herewith:—

	No. Examined.	XX cases of enlargement.	X cases.	Percentage enlarged.
1924	950	30	18	5.0
1925	920	30	20	5.4
1926	919	11	25	3.9
1927	840	6	9	1.7
1928	913	5	9	1.5

From the above table it will be seen that since 1924 when preventive measures were first instituted that there has been a great decline in the incidence of thyroid enlargement among school children, from 5.0% to 1.5%.

My findings for 1928 confirm those for 1927, so that I think I can say the results obtained are real.

The measures taken were measures based upon scientific research and they are in keeping with the latest scientific evidence as to the causation of Goitre:—perhaps my advising of a diet rich in vitamins was what the author of "Rab and His Friends" would call eustochia or happy guessing. McCarrison has recently pointed out that a diet poor in vitamins is most probably one of the predisposing causes of Goitre, and also according to Vining, of Rheumatism which we have found to be associated with Goitre.

The measures taken to prevent Goitre are:—

(*a*) To recommend all children to have fresh and varied diet containing plenty of vitamins; this is done continually by the Health Visitors and by myself at Medical Inspection; special literature is given out regarding diets; 30% of all children have milk in school.

(*b*) To search for cases and get them under treatment early; the treatment consisting in giving 3 tablets per week each containing 5 mg. of Iodine.

(*c*) The removal of focal infections, *e.g.*, septic teeth and enlarged tonsils and adenoids.

(*d*) To encourage open-air habits.

The results obtained by Dr. Savage in Somerset in the giving of Iodine are similar to those obtained here and the pronouncement made in the Medical Research Council publication "Iodine in Nutrition," I think I make it quite clear that lack of Iodine intake is one of the contributory causes of thyroid enlargement.

But while this is so we must beware of taking it as the one and only cause; the causation of Goitre is most likely complex and in addition to deficiencies of diet and iodine intake there are other predisposing causes such as polluted water supplies and infective conditions.

Goitre Prevention then is not to be based upon stunts but must be based upon correct nurture in its widest sense; we must then consider the child in the whole of its upbringing and in the entirety of its environment, and see that everything as far as it can reasonably be so is as it should be.

As we have been warned by Dr. Ash, of Derbyshire, we should not therefore just because minute quantities of iodine may be lacking in our dietary, douche everyone with iodine through our water supplies.

The most recent work on Rheumatism and enlarged Tonsils and Adenoids points to good nurture again as the most important matter in aetiology, so it behoves us to leave nothing undone to see that every child is properly nurtured and that mothers and those in charge of young children have had suitable opportunities of being trained in Mothercraft and Domestic Hygiene, for in the long run I think we will find that they are the very basis of public health.

II. † SPECIAL INQUIRY *RE* RHEUMATIC STIGMATA AND ASSOCIATED DEFECTS.

In last year's Report I gave details of the examination of 1,000 children concerning Rheumatic Stigmata and associated conditions and tables were given showing how the defects were associated together in each child examined.

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† Exhaustive details of the examination of 1000 children regarding these defects were given on pages 23 to 34 of my report for 1927.

During 1928 I examined 913 regarding the incidence of Rheumatic Stigmata, and I found Stigmata present in 159, 17.4% as compared with 15.1% previously found; there is very little difference between these figures, and I think we can take it that on the basis adopted in the investigation about 16% of children in Glossop have Rheumatic Stigmata.

In the detailed investigation made in 1927 the defects I found associated with Rheumatic Stigmata were, as given below, compared with children who had no Rheumatic Stigmata.

	CHILDREN WITH RHEUMATIC STIGMATA—151.	OTHER CHILDREN—849.
Nose and Throat Defects ...	18.5 ...	10.2
Enlarged Glands	27.0 ...	15.1
Heart Defects	25.8 ...	7.8
Goitre	3.9 ...	2.8
Lung Defects	5.3 ...	2.8
Bad Teeth	42.3 ...	34.6

In an independent investigation concerning Goitre (see my Report 1925, page 16) I found 25% of Goitrous children had Rheumatic Stigmata as compared with 5.5% in all children, and 32.2% Nose and Throat defects in Goitrous children as compared with 15% in all children.

The first figure, 25%, checks my figure of last year where Goitre is found to be more prevalent among Rheumatic children; a similar association was found in Bath by Dr. R. E. Thomas among secondary school children.

It is seen also that Nose and Throat defects are more common in Goitrous children similarly to Rheumatic children.

Regarding Rheumatic Stigmata among children with Nose and Throat defects, among 885 children with no Nose and Throat defects 13.8% had Rheumatic Stigmata as compared with 24.3% cases of Rheumatic Stigmata found among 115 children with Nose and Throat defects. In order to check this off I took the case sheets of 49 children who had been operated on for Enlarged Tonsils and Adenoids and in whom the condition had been confirmed and found that the percentage of Rheumatic Stigmata in these children was 22.4%.

I think we can take it then that there is probaby some association between Nose and Throat conditions and the Stigmata of Rheumatism.

In the special report 114 of the Medical Research Council on Social Conditions and Rheumatism it is stated: — "An unhealthy throat XXX was noted in a higher proportion of Rheumatic children than in non-Rheumatic; the difference, however, was not very large."

Carey Coombs, in his book on Rheumatic Heart Disease, mentions the association of Tonsillar infection with Rheumatism. Vercoe of Chelmsford, thinks it is the amount of sepsis in the Tonsils that may predispose to Rheumatism.

To digress a little here, it is interesting to note that domestic conditions appear among the predisposing causes of both Rheumatism and Enlarged Tonsils and Adenoids (see Medical Research Council, Report 114, and the Board of Education Interim Report, 1919, on Adenoids and Enlarged Tonsils); Vercoe found dampness one of the chief factors in Rheumatism, and Thomson, of Birmingham (Archives on Diseases of Children, February, 1928), found density of population a factor.

The Interim Report mentioned above alludes to work by McGonigle, which suggests the association of Rickets with Adenoids and Enlarged Tonsils. Rickets can be, as we know, prevented by sufficient sunshine as well as by vitamin in the dietary.

In Bath, Thomas mentions the association of Goitre with the darker months of the year, and I may say in an investigation in 1919 in Bath I found greater enlargement of the thyroid in the Winter than in the Summer months; in the Medical Research Council Report on "Iodine in Nutrition" the increase of iodine in sheeps' thyroids and in the blood in the Autumn is mentioned.

We appear to be arguing in a circle; for the sake of clearness let us put it this way:—Goitre, Nose and Throat defects and Rheumatism have been found to be associated together. Can we find any associated common causes? To test this I table some causes of the three conditions as found by myself and others.

Conditions given as causing Goitre, Adenoids and Enlarged Tonsils and Rheumatism.

GOITRE.	NOSE AND THROAT DEFECTS.	RHEUMATISM.
Defective Iodine Intake.	Domestic circumstances not good.	Feckless mothering and bad domestic circumstances.
Polluted water supplies.	Nasal and Bronchial Catarrh.	Cold and damp.
Excess of Calcium Carbonate in waters.	Diet poor in vitamins, especially Vit. D.	Infections, especially Focal and of Nose and Throat.
Bad sanitation and domestic circumstances not good.	Rickets and bad teeth.	Vitamin poor diet and toxic debility caused by lack of Vitamin B.
Diet poor in vitamins.	General infections.	Heredity or bad environment in common.
General and Focal infections.	Heredity or bad environment in common.	Endocrine deficiency.
Heredity.	Hypothyroidism.	The above conditions appear to promote infection by low grade streptococci, which most probably cause the disease.
Lack of sunshine.		

This table shows that these three conditions which are associated together have some causes in common, *e.g.*, Domestic circumstances not good, diet poor in vitamins, heredity and general infections; with regard to heredity possibly this is associated with some endocrine deficiency if it is a cause and not bad environment in common which is the factor.

I certainly have seen Adenoids and Enlarged Tonsils improved by giving Thyroid Extract, as advised by Williams in his "Minor Maladies," in early cases.

With regard to diet, we know that Enlarged Glands which I find associated with Rheumatism have been found by Vining to be associated with it and they have been found also to be associated with Enlarged Tonsils and Adenoids (Medical Research Council).

Nasal and Bronchial Catarrh has been found to predispose to and be associated with Enlarged Tonsils and Adenoids.

The consideration of this question of common causes will be a guide to further investigation, and I propose to try and ascertain how far these causes have been found to operate in individual cases; I hope also to inquire into the dietary of children in early life, the association of defective dietary with these associated conditions and with Rickets and the association of Rickets with Adenoids and Enlarged Tonsils.

In the meantime, so far as I have got, the investigation appears to emphasise the importance of teaching hygiene to the children in our Schools (which I have alluded to on pages 3, 4, 5, 6, 7) with a view to promote good mothering and the proper nurture of young children as mentioned by Sir George Newman; for proper nurture appears to be the very basis of good health just as "feckless" mothering appears to be at the root of a vast amount of ill health

ANTHROPOMETRIC INQUIRY.

SPECIAL AREA REPORT.

GIRLS.

Area .... Glossop.
Samples used from this area: Girls, 80.
Mean Age Girls, 10.8 years. Mean Height, 53.1 inches.

* "Expected" Height ...52.7 inches.
Difference + .4 inches. Standard Error + .60

The actual mean height is Not Significantly above the standard.

HEIGHT (Girls).

(The age groups selected for comparison are those for which the district returned at least 50 children).

Principal Age Groups.	No. of Observations.	Glossop Mean.	General Mean.	Difference.	Ratio of Difference to Standard Error.
3					
4					
5					
6					
7					
8		No age groups with 50 or more entries.			
9					
10					
11					
12					
13					

Mean Weight, 69.1 lbs.

*" Expected " Weight, 66.5 lbs.

Difference + 2.6 lbs. Standard Error + 1.85.

The actual mean height is Not Significantly above the standard.

WEIGHT (Girls).

(The age groups selected for comparison are those for which the district returned at least 50 children).

Principal Age Groups.	No. of Observations.	Glossop Mean.	General Mean.	Difference.	Ratio of Difference to Standard Error.
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

*NOTE. The "Expected" values are based upon the reduction of the whole of the data received from *all* areas: they are not to be regarded as either ideal values or even as averages of the whole child population of England and Wales.

ANTHROPOMETRIC INQUIRY.
SPECIAL AREA REPORT.

BOYS.

Area .... Glossop.
Samples used for this area: Boys, 76.
Mean Age Boys, 10.9 years. Mean Height, 52.8 inches.
"Expected" Height, 52.6 in.
Difference + .2 inches.
Standard Error + .58.

The actual mean height is Not Significantly above the standard.

HEIGHT (Boys).

(The age groups selected for comparison are those for which the district returned at least 50 children).

Principal Age Groups.	No. of Observations.	Glossop Mean.	General Mean.	Difference.	Ratio of Difference to Standard Error.
3					
4					
5					
6					
7					
8	No age groups with 50 or more entries.				
9					
10					
11					
12					
13					

Mean Weight, 65.3 lbs.
*"Expected" Weight, 66.0 lbs.
Difference — .7 lbs. Standard Error + 1.65.

The actual mean weight is Not Significantly above the standard.

WEIGHT (Boys).

(The age groups selected for comparison are those for which the district returned at least 50 children).

Principal Age Groups.	No. of Observations.	Glossop Mean.	General Mean.	Difference.	Ratio of Difference to Standard Error.
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

*Note. The "Expected" values are based upon the reduction of the whole of the data received from *all* areas: they are not to be regarded as either ideal values or even as averages of the whole child population of England and Wales.

So far as these results go it would appear that Glossop girls are a shade above the average in both height and weight, and that while Glossop boys are slightly taller than the average they are a shade below in weight.

While the local details were supplied by our School Medical Department I am indebted to the Anthropometric Committee for these tables.

BOROUGH OF GLOSSOP.

1928.

Table I.—Return of Medical Inspections.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections. (*see note b*).	
Entrants	328
Intermediates	359
Leavers	221
Total	908
Number of other Routine Inspections (*see note c*).	5
Total	913

B. OTHER INSPECTIONS.

Number of Special Inspections (*see note d*).	526
Number of Re-inspections (*see note e*).	2055
Grand Total	*3494

Table II.—A. Return of Defects found by Medical Inspection in Year ended 31st December.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition	21	32	27	—
	Uncleanliness (See Table IV., Group V).	—	—	—	—
Skin	Ringworm :				
	Scalp	1	—	3	—
	Body	1	—	9	—
	Scabies	—	—	—	—
	Impetigo	—	2	32	—
	Other Diseases (non-Tubercular)	7	6	9	—
Eye	Blepharitis...	—	2	10	—
	Conjunctivitis	—	1	3	—
	Keratitis	—	—	—	—
	Corneal Opacities...	1	—	2	—
	Defective Vision (excluding Squint)	72	3	—	—
	Squint	6	5	—	—
	Other Conditions	—	—	—	—
Ear	Defective Hearing	4	6	1	—
	Otitis Media	—	—	12	—
	Other Ear Diseases	—	—	2	—
Nose and Throat	Enlarged Tonsils only	42	60	—	—
	Adenoids only	34	31	2	1
	Enlarged Tonsils and Adenoids	13	8	47	—
	Other Conditions	—	4	5	—
Enlarged Cervical Glands (Non-Tuberculous)		41	79	36	—
Defective Speech		2	—	—	—
Teeth—Dental Diseases *(see note a)* .. (see Table IV, Group IV).		—	—	—	—

TABLE II.—*continued.*

(1)		(2)	(3)	(4)	(5)
Heart and Circulation	Heart Disease .				
	Organic	25	—	3	—
	Functional	1	83	—	1
	Anæmia	17	22	16	—
Lungs	Bronchitis	6	9	3	—
	Other Non-Tubercular Diseases	—	1	1	—
Tuberculosis	Pulmonary :				
	Definite	2	—	5	—
	Suspected	3	2	—	1
	Non-Pulmonary :			—	
	Glands	4	1	5	—
	Spine	—	—	—	—
	Hip	—	—	1	—
	Other Bones and Joints ..	—	1	—	—
	Skin	—	—	—	—
	Other Forms...	—	—	2 (eye)	—
Nervous System	Epilepsy	2	—	—	—
	Chorea	—	—	2	—
	Other Condition	3	2	—	—
	Mental Defects	—	4	4	1
Deformities	Rickets	2	4	—	—
	Spinal Curvature	—	—	—	—
	Other Forms	10	2	—	—
	Knock Knee	—	—	—	—
Other Defects and Diseases		35	139	72	—
Of which Goitre		5	9	10	—
Rheumatism		29	130	4	—
Chronic Appendicitis ...		1	—	—	—
Miscellaneous Injuries and Sores ...		—	—	58	—

B. NUMBER OF *individual children (see note b)* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS) ... 236

Group. 1	Number of Children.		Percentage of Children found to require treatment. *See note d.* 4
	Inspected *See note c.* 2	Found to require treatment. 3	
CODE GROUPS :			
Entrants	328	78	23·7
Intermediates ..	359	105	29·2
Leavers	221	53	23·9
Total (code groups)	908	236	25·9
Other routine inspections ..	5	—	—

Table III.—Return of all Exceptional Children in the Area (see Note a).

—	—	—	Boys	Girls	Total
Blind (including partially blind). See Note b	(*i*) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ...	1	—	1
		Attending Public Elementary Schools See Note c.	—	—	—
		At oth'r Instituti'ns	—	—	—
		At no School or Institution ...	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools See Note c.	—	1	1
		At oth'r Instituti'ns	—	—	—
		At no Schools or Institution	—	—	—
Deaf and Dumb (including dumb and partially deaf). See Note d.	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ... ... See Note c.	*2	—	2
		At other Institutions	—	—	—
		At no School or Institution.. ...	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ... ... See Note c.	—	—	—
		At other Institutions	—	—	—
		At no School or Institution.. ...	—	—	—
Mentally Defective	Feeble Minded (cases not notifiable to the Local Control Authority) See Note E.	Attending Certified Schools for Mentally Defective	—	—	—
		Children Attending Public Elementary Schools.. See Note C.	4	2	6
		At other Institutions	2	—	2
		At no School or Institution ...	3	—	3

* Also Mentally Defective.

TABLE III.—*continued.*

———	———	———	Boys	Girls	Totals
Mentally Defective —*contd.*	Notified to the Local Control Authority *during the year*	Feeble minded	—	—	—
		Imbeciles	—	—	—
		Idiots	—	—	—
Epileptics.	Suffering from epilepsy which is severe. See Note f.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	1	—	1
		Attending Public Elementary Schools	—	—	—
		See Note c. At no School or Institution... ...	—	—	—
	Suffering from epilepsy which is not severe. See Note g.	Attending Public Elementary Schools	—	—	—
		See Note c. At no School or Institution ...	—	—	—
Physically Defective	Infectious Pulmonary and glandular Tuberculosis See Note h.	At Sanatoria or	1	—	1
		Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At oth'r Instituti'ns	—	—	—
		At no School or Institution... ...	—	—	—
	Non-Infectious but active pulmonary and glandular Tuberculosis See Note h.	At Sanatoria or Sanatorium Schools	1	1	2
		approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools			
		At Pt Public Elem. Schools, See Note c.	10	6	16
		At other Institut'ns	—	—	—
		At no School or Institution	—	2	2

* Also Mentally Defective.

TABLE III.—*continued.*

———	———	———	Boys	Girls	Total
Physically Defective	Delicate children *e.g.*, pre or latent tuberculosis malnutrition. debility, anæmia, &c. See Note h.	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools...	—	—	—
		At Public Elementary Schools .. See Note c	126	81	207
		At other Institut'ns	—	—	—
		At no School or Institution... ...	—	—	—
	†Active non-pulmonary tuberculosis. See Note h.	At Sanatoria or Hospital Schools	—	—	—
		approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elementary Schools ... See Note c.	5	4	9
		At other Institut'ns	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease), *e.g.*, children suffering from paralysis, &c., and including those with severe heart disease. See Note h.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ... See Note c.	13	10	23
		At other Institutions	1	—	1
		At no School or Institution... ...	1	1	2

† Other than tuberculosis of lungs and glands.

Table IV.—Return of Defects Treated during the Year ended 31st December.

(*See note a*).

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS, excluding Uncleanliness, for which see Group 5.

Disease or Defect. 1	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. See Note b. 2	Otherwise. 3	Total. 4
SKIN :—			
Ringworm—Scalp	3	—	3
Ringworm—Body	9	—	9
Scabies	—	—	—
Impetigo	32	—	32
Other skin disease	9	—	9
MINOR EYE DEFECTS	13	—	13
External and other, but excluding cases falling in Group II.			
T.B. Eye...	2	—	2
MINOR EAR DEFECTS See Note c.			
Otorrhoea	12	—	12
Deafness	8	2	10
Other Ear	2	—	2
Glands	1	40	41
Goitre	14	—	14
MISCELLANEOUS			
e.g., minor injuries	23	2	25
chilblains	35	—	35
Total	163	44	207

No. of Attendances at Minor Ailments Clinic 2956

TABLE IV.—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT, excluding Minor Eye Defects treated as Minor Ailment—Group I.

Defect or Disease. 1	Number of defects dealt with. Under the Authority's Scheme. See Note b. 2	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme. 3	Otherwise. 4	Total. 5
Errors of Refraction, including Squint. Operations for squint should be recorded separately in the body of the Report.	75	—	—	75
Other Defect or Disease of the eyes, excluding those recorded in Group I.	—	—	—	—
Total	75	—	—	75

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme 72

(*b*) Otherwise ... ... —

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme 72

(*b*) Otherwise ... ... —

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects. Received Operative Treatment. Under the Authority's Scheme, in Clinic or Hospital. See Note b. 1	By Private Practitioner or Hospital apart from the Authority's Scheme. 2	Total. 3	Received other forms of Treatment. 4	Total number treated. 5
45	6	51	4	55

TABLE IV.—*continued.*

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist:

Routine Age Group	Age	Number	
	4	11	Total 1502
	5	219	
	6	267	
	7	340	
	8	325	
	9	196	
	10	96	
	11	14	
	12	15	
	13	18	
	14	1	

Specials (*See note d*).	122
Grand Total	1624
(*b*) Found to require treatment	1018
(*c*) Actually treated	835
(*d*) Re treated during the year as the result of periodical examination (*See note e*).	320

(2) Half-days devoted to—	Inspection	101
	Treatment	15
	Total	116

(3) Attendances made by children for treatment 1054

(4) Fillings	Permanent teeth	309	
	Temporary teeth	34	
		343	
(5) Extractions	Permanent teeth	116	
	Temporary teeth	1110	
		1226	of which 127 septic

(6) Administrations of general anæsthetics for extractions **0**

(7) Other operations	Permanent teeth	162
	Temporary teeth	0
		162

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(*See Note f*).

(i) Average number of visits per school made during the year by the School Nurses...... 3.

(ii) Total number of examinations of children in the Schools by School Nurses...... 7171.

(iii) Number of children found unclean...... 186.

(iv) Number of children cleansed under arrangements made by the Local Education Authority...... 0.

(v) Number of cases in which legal proceedings were taken:

(*a*) Under the Education Act, 1921 0

(*b*) Under School Attendance Bye-laws ... 0

*** 9 to 14 are periodical re-examinations.**

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING 1927 BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL AUTHORITY UNDER THE MENTAL DEFICIENCY ACT, 1913.

	1928	
Diagnosis.	Boys.	Girls.
Idiots	0	0
Imbeciles	0	0
Moral Imbeciles	0	0
Feeble-minded :		
*(a)	0	0
*(b)	1	0
*(c)	0	0
Total	1	0

* Give separately the numbers

(a) Feeble-minded Children notified for supervision or guardianship under *Article 5* of the Mental Deficiency (Notification of Children) Regulations, 1914 (*i.e.*, Children in respect of whom the Board's formal certificate (Form 308 M) has been issued).

(b) Feeble-minded Children notified under *Article 6* of these Regulations (*i.e.*, Children who, on or before attaining the age of 16, were about to be withdrawn or discharged from a Special School), and

(c) Other feeble-minded Children notified.

Essay written by one of the Elementary School girls and written a couple of weeks after hearing a talk on Mothercraft given by the M.O.H. and S.M.O.

HOW TO FEED BABY.

The most perfect feed which may be obtained for baby is the mother's milk. Its chief reasons for being the best are:—

(1) It contains the right constituents and is of the correct proportion.

(2) It is easy for baby to digest.

(3) It consists of more sugar, fats and more than double the amount of salts than any other foods.

(4) It is of the right strength.

Baby should be fed every three hours by the clock, but there should be no feeding between 10 p.m. and 7 a.m. If baby is thirsty between feeding times it may be given a drink of warm water or a little orange juice. When baby is asleep at feeding time it should be wakened, so that regular habits may be formed.

In order that mother should be healthy she should eat wholesome food. She should have plenty of rest, and have daily exercise. Her diet should include milk, green vegetables, eggs, meat, liver, tomato, fresh fruit and brown bread. Margarine, white bread and tinned fruit are included amongst the foods which mother should not eat.

When baby is nine months old it should be weaned, but it should not be weaned in Summer because it may give Summer Diarrhœa.

If mother is unable to feed baby the method of artificial feeding must be adopted. This food is made as near like mother's milk as possible, and it consists of half a pint of cow's milk, two tablespoonfuls of thick rich cream, two tablespoonfuls of milk sugar and nearly half a pint of water. If they are all boiled together and measured they should be just one pint. It is advisable to mark the saucepan at a pint mark to prove the measure.

The " Feeding bottle " should have no corners or angles, and there should be no letters stamped on. The neck should be wide enough to permit easy scouring. There should be no tube to harbour dirt or germs. A tube is difficult to clean and soon becomes lined with curdled milk. To clean the teats, they should be placed in cold water, then scalded, and the outside should be rinsed with warm water and rubbed with salt. They should then be turned inside out and the process repeated.

Dry them quickly and store in a box until required again.

When baby has two teeth at the top and two teeth at the bottom it may be given a rusk or crust to eat; these help to produce strong jaws and good sound teeth. During the time baby is growing it may be given foods containing vitamins. These foods include lean meat, fish, eggs, whole-meal bread, peas and beans. Vitamins are present in animal fats, yoke of egg, fresh cream, butter, fresh fruit, vegetables. Green vegetables are good for bone making, and they should be eaten as salads. These cleanse the mouth and clean the teeth, but they are often destroyed by long cooking.